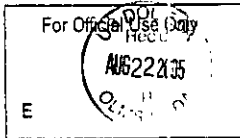


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number <u>L-014-521</u> <u>10434</u>	2. Fiscal Year Covered From: <u>I / I / 2004</u> Through: <u>II / III / 2004</u>
3. Name and address of person filing. Name <u>Howard W. KERN</u> P.O. Box, Bldg., Room No., if any _____ Street <u>1700 W Co. Rd. E</u> City <u>Arden Hills</u> State <u>MN</u> ZIP Code + 4 <u>55075</u>	4. Name, file number, and address of labor organization. Name <u>UFCW Local 789</u> Labor Organization File Number <u>014-521</u> P.O. Box, Building and Room Number, if any _____ Street <u>266 Hardman Ave No</u> City <u>So. St. Paul, MN.</u> State <u>MN</u> ZIP Code + 4 <u>55075</u>
5. Position in labor organization. <u>UNION REP</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest Transaction, or Income. _____ _____ _____ 7.b. Amount. _____ _____ _____

### Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

Date

Telephone Number

Name of Person Filing <u>Howard KERN</u>	File Number U- <u>014-521</u>
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Wilson McShane Corp.  
 Trade Name, if any: \_\_\_\_\_  
 P.O. Box, Bldg., Room No., if any \_\_\_\_\_  
 Street 3001 Metro Drive Suite 500  
 City Bloomington  
 State MN ZIP Code + 4 55425

9. Business deals with:

- ☐ a. Labor Organization  
☒ b. Trust  
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name UFCW Local 789 St. Paul Food Employer Health and Welfare Plan  
 Trade Name, if any: \_\_\_\_\_  
 P.O. Box, Bldg., Room No., if any \_\_\_\_\_  
 Street 3001 Metro Drive Suite 500  
 City Bloomington  
 State MN ZIP Code + 4 55425

11.a. Nature of such dealing.

Multi-Employer Health and Welfare fund

11.b. Approximate dollar value of such dealing.

\$0.00

12.a. Nature of interest held or income received.

Reimbursement of Trustee Educational Expenses

12.b. Amount.

\$4,010.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name \_\_\_\_\_  
 Trade Name, if any: \_\_\_\_\_  
 P.O. Box, Bldg., Room No., if any \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment